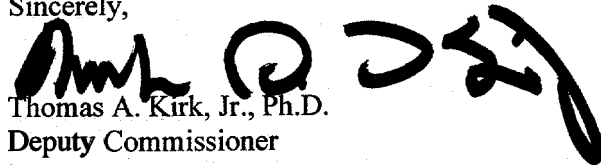


Another issue related to office-based methadone treatment is the DEA regulatory requirements, including those for storing and dispensing methadone. Stringent requirements for the type of safe required would prohibit many private practitioners from accepting opiate addicted clients for methadone maintenance. While these DEA regulations are outside of the purview the Department of Health and Human Services, steps should be taken to evaluate the interplay of the DEA requirements and enter into discussion with that agency regarding potential solutions.

In response to the Secretary's query about unsupervised use of LAAM and methadone, I support the Institute of Medicine's recommendation as stated in "Option 2." This option allows for clinical discretion by the medical director, yet still places reasonable limitations that would serve to reign in those who would otherwise be overly permissive in the use of take-home doses.

Thank you for the opportunity to voice my opinion. These proposed rules represent major changes that are justified based on years of experience and extensive study of opioid agonist treatment.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Kirk", followed by a large, stylized flourish or scribble.

Thomas A. Kirk, Jr., Ph.D.
Deputy Commissioner